

of medical officers and health workers in Family Welfare have been formulated by Department of Family Welfare and issued to all States and Union Territories.

Planning and implementation of training of all health functionaries for Family Welfare Programmes has been decentralised to the district level. Action has also been initiated to integrate training on health issues for all workers in the District Training Plans. In addition, action has been initiated to integrate the training components of the Departments of Health, Women and Child Development, Education, Urban Employment and Poverty Alleviation and the Ministry of Rural Development which impact on health and family welfare issues into the training initiatives of the Department of Family Welfare.

Henceforth training will be imparted to the functionaries based on their job functions and will focus on gaps in clinical, communication and managerial skills. As training is a continuous process the functionaries will be exposed to cycles of training at regular intervals to be determined by States and Union Territories at district level.

Selection of Health workers will be made by districts in the District Training Plans under preparation. The provisional training load expected to be covered in phases starting in 1997-98 and to be completed over a period of 5 years is given below.

Category of Personnel	Numbers to be Trained
Specialist Doctors	- 2621
Doctors at Primary Health Centres	- 26583
Block Extension Educators	- 5616
Health Assistant (Male)	- 15879
Health Worker (Male)	- 61607
Health Assistant (Female)	- 19019
Health Worker (Female)	- 133452
Pharmacists	- 19225
Lab. Technicians	- 10163
Nurse Mid-Wife	- 12080
Radiographer	- 1274

National Blindness Eradication Programme

*251. SHRI SANTOSH KUMAR GANGWAR : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether 'National Blindness Eradication Programme' in the country is being implemented under Union Government's guidance and supervision;

(b) if so, the officials/workers under whose supervision this programme is being implemented at Primary Health Centres level in various States;

(c) the nomenclature by which the programme is known in various States,

(d) whether the pay scales and conditions of service of the workers deputed in different States are same; and

(e) if not, the reasons therefor alongwith the action being taken for bringing them at par?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) Yes, Sir.

(b) Para medical Ophthalmic Assistant is the basic worker at the Primary Health Centre, who works under the supervision of Medical Officers Incharge of the centre.

(c) The programme is known as "National Programme for Control of Blindness".

(d) and (e). Health being the State subject, the pay scales and service conditions of the personnel engaged in the programme are determined by the respective States.

[Translation]

Pak Visa to Indians

*252. SHRI MUNAWWAR HASSAN : Will the Minister of EXTERNAL AFFAIRS be pleased to state :

(a) whether the Government are aware that Pakistan High Commission in India is restricting number of visas that are issued to Indians, who intend to visit Pakistan; and

(b) if so, the reaction of the Government thereto?

THE MINISTER OF EXTERNAL AFFAIRS (SHRI I.K. GUJRAL) : (a) Pakistan is not required to inform us regarding the number of visas issued to Indian nationals. It is, however, understood that Pakistan has adopted cumbersome procedures that have made its visa policy towards Indian nationals highly restrictive.

(b) We believe that fostering of people-to-people contacts would contribute to establishing a relationship of trust, friendship and cooperation between the two countries. We have, therefore, taken a number of unilateral measures to facilitate the grant of visas to Pakistani nationals desirous of visiting India. Pakistan's visa policy reflects their negative attitude regarding the bilateral relationship.

[English]

National Malaria Eradication Programme

*253. SHRI PINAKI MISHRA :
SHRI MADHAVRAO SCINDIA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether despite a 'National Malaria Eradication

Programme' under the National Health Action Plan 2001, being pursued by Government. Malaria has assumed dangerous proportions in Rajasthan and other North Indian States this year;

(b) if so, the areas afflicted, the number of cases reported and lives claimed in each State and Union Territory and the comparative figures for the last two years; and

(c) the effective steps taken by the Government to prevent the out-break of the disease in different parts of the country, especially the Malaria-prone areas, this year?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) As per reports received from the States, increasing incidence of malaria in North Indian States namely, Bihar, Haryana, Himachal Pradesh, Jammu & Kashmir, Punjab, Uttar Pradesh, Delhi and U.T. of Chandigarh has been noticed during 1996. Focal outbreaks in Alwar, Bharatpur, Dausa, Dholpur, Sikar, Dungarpur and Sawai Madhopur districts of Rajasthan and in Mewat region of Gurgaon district of Haryana have been reported during the current year.

(b) The information is enclosed as statement.

(c) The following steps have been taken for prevention of outbreaks and containment of the disease

in the States :

- (1) Additional supply of drugs, insecticides and fogging machines were made to the severely affected areas in Haryana. For the first time, Synthetic Pyrethroid were supplied to the Govt. of Haryana.
- (2) Adequate quantities of anti-malaria drugs and insecticides have been supplied to the States by the Central Government.
- (3) As technical support, expert teams from the centre were deputed to visit the affected areas periodically to advise immediate remedial action to combat the situation
- (4) For effective monitoring of the malaria situation and close coordination, control rooms have been established both at the Centre and in the States.
- (5) State Governments have been advised to intensify preventive measures before onset of transmission season with particular emphasis on :-
 - early diagnosis and prompt treatment of malaria cases through establishment of drug distribution centres, fever treatment depots at the village level.

STATEMENT

States/UTs	Year	Malaria Cases	Deaths	Areas afflicted
1	2	3	4	5
1. Haryana	1994	29810	Nil	Mewat region of Gurgaon Distt (Fever related deaths upto 2.12.96)** (upto 2.12.95)
	1995	59621	Nil	
	1996	80584	1820	
	1995*	31475	Nil	
2. Rajasthan	1994	241255	452	Alwar, Bharatpur, Dausa, Dholpur, Dungarpur, Sikar (upto 2.11.96-Sawai, Madhopur Karauli) (upto 2.11.95)
	1995	250780	74	
	1996*	172480	80	
	1995*	198308	72	
3. Bihar	1994	71900	12	Nil
	1995	86722	50	
	1996*	35921	Nil	
	1995*	34369	1	
4. H.P.	1994	3091	Nil	Nil
	1995	6695	Nil	
	1996*	6965	Nil	
	1995*	5329	Nil	
5. J & K	1994	2760	Nil	Nil
	1995	9005	Nil	
	1996*	12436	Nil	
	1995*	7804	Nil	

1	2	3	4	5
6. Punjab	1994	15601	1	Nil
	1995	28609	8	
	1996*	29900	3	
	1995*	20791	Nil	
7. U.P.	1994	89617	Nil	
	1995	105235	Nil	
	1996*	76023	Nil	
	1995*	61557	Nil	
8. Delhi	1994	7229	Nil	Nil
	1995	7470	Nil	
	1996*	7501	Nil	
	1995*	6208	Nil	
9. Chandigarh	1994	7853	Nil	Nil
	1995	9875	Nil	
	1996*	8755	Nil	
	1995*	7938	Nil	

* Comparative figures of corresponding period (upto 13.11.1996)

** The high incidence of Malaria and fever related deaths in Mewat Region of Gurgaon has been attributed to unprecedented rains, flooding, low nutritional status of the people, low haemoglobin levels, spread of malaria due to heavy water stagnation all of which contributed to increase in morbidity and mortality levels. A number of measures were taken to assist the State and affected areas by deploying several technical teams, providing drugs and insecticides

vector control through insecticidal spray in rural areas and anti-larval operations in urban areas as per schedule provided on the basis of technical assessment.

intensification of Information, Education and Communication activities and reliance on community participation.

[Translation]

construction and development of National Highways during Eighth Plan;

Funds for Construction and Development of NHS

*254. SHRI SAT MAHAJAN :

SHRI BHAKTA CHARAN DAS :

Will the Minister of SURFACE TRANSPORT be pleased to state :

(a) the funds allotted to different States for

(b) the year-wise, State-wise details thereof?

(c) the total funds required in Eighth Plan by each state for construction and development of National Highways as per their demands; and

(d) the additional allocation proposed to be made during the remaining period of Eight Plan, State-wise?

THE MINISTER OF SURFACE TRANSPORT (SHRI T.G. VENKATRAMAN) : (a) and (b).

(Rs. in lakhs)

S.No.	State/U.Ts	1992-93 Allotment	1993-94 Allotment	1994-95 Allotment	1995-96 Allotment	1996-97 Allotment
1	2	3	4	5	6	7
1.	Andhra Pradesh	2600.00	4450.00	4590.50	4010.00	3700.00
2.	Arunachal Pradesh	80.00	100.00	130.00	0.00	0.00
3.	Assam	1275.00	1400.00	1485.00	1650.00	1700.00
4.	Bihar	1385.00	1900.00	1875.00	1750.00	1500.00
5.	Chandigarh	25.00	20.00	25.00	25.00	24.00
6.	Delhi	700.00	50.00	150.00	400.00	400.00
7.	Goa	850.00	550.00	375.00	500.00	700.00
8.	Gujarat	4650.00	6200.00	5650.00	4398.00	2800.00